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ABSTRACT

This document reviews both favorable and unfavorable evidence that relates training and experience to therapist behavior and therapy outcomes. It also discusses implications for the MA versus PhD/PsyD practitioner debate. At issue is the "value added" (if any) of the doctorate for clinical practitioners. This value added is examined for the recipients of psychological services as well as the benefit for practitioners. The data provide interesting comparisons between master's and doctoral graduates and practitioners. The current university training programs include an extensive and expensive system of training and education producing practitioners at the doctoral level that appear to compete with what is also produced at the master's level. There is not enough evidence to support the conclusion that doctoral-level psychologists are superior to master's graduates in most respects. Neither are there data suggesting that doctoral-level psychologists are warmer, more sensitive, or more empathic than lesser-trained folks. Research is still needed to determine whether the added training received through a doctoral program leads to researchers; scholars; or professors with stronger skills. (Contains 1 table and 38 references.) (ADT)

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Running Head: DOCTORAL TRAINING IN COUNSELING PSYCHOLOGY

Doctoral Training in Counseling Psychology:

Evidence for Value Added?

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Paper presented as part of a symposium on "The Complicated Relationship Between Counseling Psychology and Masters Level Practitioners" (R. Goodyear, Chair) at the annual convention of the American Psychological Association, August, 2000, Washington, DC.

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Doctoral Training in Counseling Psychology:

Evidence for Value Added?

Background

In a APA memorandum summarizing the background on the "masters issue" for a 1999 CAPP retreat Ray Fowler (Fowler, 1999), APA's Executive Director, provided the following:

> APA was founded as an organization for psychological scientists. The criterion for membership was a record of scientific contributions to psychology rather than the degree held. The degrees of early members included Ph.D., M.D., Ed.D., D.Div. among others. Several early presidents of APA held only a masters degree in psychology, and one was an architect with no psychology training at all.
>
> In those early days, applicants for APA membership who did not have a substantial record of scientific contributions were denied membership in APA. Later, the Associate category of membership was added to admit people who had doctorates but no major scientific contributions.
>
> The Associate category grew rapidly until it exceeded the number of full members. Psychologists relegated to Associate status became resistive and established alternate professional organizations, but most retained their APA affiliation, and the alternate organizations were eventually absorbed into APA.
>
> Later the membership categories were changed. Members became Fellows, Associates became Members, and sub-doctoral people became eligible for Associate member status…
>
> Prior to 1950, the standards for practice as a psychologist were similar to the standards that exist today in most other countries: The doctorate was the entry level for academic/research psychologists and the masters was the entry level of practice.
>
> In 1950, the Boulder conference, acting on the recommendations of various APA groups, recommended the doctoral degree as the entry level for all psychologists. Subsequent conferences [and we would include here, the various national conferences in Division 17's own history] have confirmed the doctoral level for the title "psychologists" and for independent practice.

Although one of the recommendations emanating from the Boulder conference was that a two-year applied masters degree be established for supervised practice, for past 50 years the APA has

considered and rejected the idea of developing standards for masters programs and then providing a mechanism for accrediting them. Fowler (1999) noted that initially the primary impetus for accreditation came from practitioners and opposition to accreditation programs (doctoral or masters) came from academicians who did not want APA interfering with college and university programs. In recent years, however, academic programs have become more comfortable with the idea of accreditation, and the primary opposition has come from practitioners who believe that for APA to provide accreditation would encourage the development of master programs, thus producing more masters level psychology personnel.

Suffice it to say that at the present time there is no generally agreed upon standard for the masters degree in psychology—although interestingly, APA does offer curricular recommendations for training in psychology for (a) secondary school programs, (b) 2-year associates programs, (c) undergraduate programs, and (d) doctoral programs (http://www.apa.org/ed/faculty.html). Masters programs range from 30 hour programs which award a degree after a year or even a couple of summers to programs that approach a doctorate in the number of credit hours and supervised experience required.

Presentation Overview

The professional politics and economics of the Masters versus PhD/PsyD debate notwithstanding, it is a legitimate professional and public concern when inadequately prepared individuals proffer their services. Indeed, the legal basis for the licensure of psychologists lies in the right of state legislatures to enact legislation to protect its citizen. *Caveat emptor*, or "let the buyer beware," is generally felt by most state lawmakers to be an unsound principle when the "buyer" or consumer of clinical services cannot be sufficiently well informed to beware (Hess, 1977). States therefore have established regulatory boards to license qualified professionals.

In the past, as today, the profession (at the state and national levels) has argued to state regulatory boards that the doctorate should be the entry level for the independent practice of psychology, and it has supported its position by appealing to the advanced training and experience (and presumed expertise) afford to consumers by doctoral-level practitioners. Empirical evidence to support the benefits of such experience (e.g., enhanced clinical judgment and skill, better therapy outcomes, etc.), however, generally has been equivocal. Indeed, the results of the then extant research led a 1982 APA Task Force on Education (American Psychological Association, 1982) to conclude that despite traditional beliefs that professional competence is related to the clinicians' training and experience, there was, at that time, relatively little empirical evidence to support this. One of the recommendations made by that Task force was that research should obtain "persuasive evidence" to demonstrate that training and experience are related to profession competence. What we would like to do in this portion of the symposium is to briefly review the evidence (both favorable and unfavorable) relating training and experience to therapist behavior and therapy outcome and discuss its implications for the MA versus PhD/PsyD practitioner debate. At issue will be the "value added" (if any) of the doctorate for clinical practitioners. In doing so we want to examine not only the "value added" for the recipients of psychological services, but at for the benefit to the practitioner. Although the same "value added" issues certainly can (and probably should) be asked with regard to academic/research psychology, this is <u>not</u> the focus of our presentation.

Studies of the Benefits of Skills Training

Although it is tempting on the basis of recent meta-analytic reviews on the effectiveness of psychotherapy(e.g., Smith & Glass, 1977; Smith, Glass & Miller, 1980) to conclude that graduate training in psychotherapy is crucial to assure therapeutic competence, Stein and Lambert (1995) note that researchers have yet to conduct outcome studies that adequately explore the relationship between specific aspects of training programs (e.g., therapy courses, supervision, etc.) and therapy outcome. Although research has been conducted on the association between the possession or nonpossession of certain skills and their relation to clinical improvement, and between training and the acquisition of skills, studies that directly link the acquisition of skills with subsequent increases in the quality of outcomes produced by trainees have not been conducted.

A case for the benefit of graduate training can be partially based on the results of the extensive study of programs designed to enhance relationship skills in counseling trainees. Such research began as early as the 1950's with the early studies of the client-centered approach to therapy. A meta-analysis conducted by Baker, Daniels and Greeley (1990) of the research focusing on the three most popular and researched approaches to training (Carkhuff's human resources training model [HRTM; Carkhuff, 1971], Kagan's interpersonal process recall method [IPM; Kagan, 1984], and Ivey's microcounseling method [MC; Ivey, Normington, Miller, Morrill, & Haase, 1968] found all three approaches to be effective—although there were differences in the levels of training effectiveness of the three approaches.

Studies of Training and Therapeutic Outcome

Optimally, however, the case for graduate training would be made by a systematic review of studies of graduate training procedures and their impact on therapist's clinical outcomes with clients. Specifically, it would be useful to know whether certain training programs or procedures are more likely than other to produce therapists who demonstrate significant therapy outcomes. However, research demonstrating an association between program training procedures and the subsequent quality of therapy outcomes is nonexistent.

Two bodies of literature, however, have relevance for understanding the more global relationship between therapy experience, training and outcome. The first involves published "between-study" meta-analytic reviews of the psychotherapy outcome literature. The second involves studies in which therapists are divided into two or more groups on the basis of level or amount of training, and then compared in terms of treatment outcomes. Stein and Lambert (1995) reviewed both literatures. It is important to be aware that across both literatures, "level of training" and amount of experience were operationally defined in various ways. Although as Stein and Lambert note, "the number of semester hours completed" or "total number of therapy hours completed" would seem to be logical approaches to defining amount of training or experience among therapists, researchers have tended to collapse across the training and experience dimensions and to define these constructs more generally and using a single "experience" dimension—e.g., first- and second year practicum students might be compared with MA and PhD staff members or interns, comparisons might be made across degree categories (MA, MSW, PhD, etc.), degreed professionals might be compared with graduate students and paraprofessionals, and so on.

Between-Study Meta-Analytic Reviews

Reviewing the results of seven meta-analytic reviews (Crits-Christoph et al., 1991; Dush, Hirt & Schroeder, 1989; Lyons & Woods, 1991; Shapiro & Shapiro, 1982; Smith & Glass, 1977; Weisz, Weiss, Alicke & Klotz, 1987;Wierzbicki & Pekarik, 1993), Stein and Lambert (1995) concluded that among the studies within these several meta-analyses one could find modest correlations between training and outcome. Specifically, they noted positive, though modest, results between training or experience and therapy outcome for four of the seven meta-analyses, providing at least some support for the contention that experience (and, one would assume advanced training) confer greater skill/competency on providers. They noted, however, that results were found for subsets of the therapists and clients within the studies and no overall correlation between years of training and outcome was present.

The results of their own 1995 meta-analysis of therapy outcome studies (Stein & Lambert, 1995) found few significant relationships between level of training and outcome. However, they did note (a) there to be "some evidence that therapists possessing more training and experience tended to maintain client in therapy somewhat longer that less-trained therapists" and (b) a modest but fairly consistent treatment effect size association with training level and clients' reports of satisfaction. They also found that therapists who do not attend graduate school and who work in community mental health center and clinic "appear to be more likely to produce higher premature dropout rates than their more-trained and experienced colleagues."

Within-Study Group Comparisons

Stein and Lambert's (1995) review of within-study investigations of the relation between years/levels of training and outcome (Balestrieri, Williams & Wilkinson, 1988; Berman & Norton, 1985; Durlak, 1979; Hattie, Sharpley & Rogers, 1984; Stein & Lambert, 1984) led to this conclusion: "In general, there was no difference between the outcome of patients treated by those who had attended graduate school and those who had not" (Stein & Lambert, 1984). Commenting specifically on the results of the study by Hattie et al. (1984), they noted that "clients who seek help from paraprofessionals are more likely to achieve resolution of their problems than those who consult professionals (effect size = .34)." They also noted, however, that "the most effective therapists were those who were currently undergoing training or had just completed it (graduate students), and that experienced paraprofessionals were superior to less experienced paraprofessionals."

ASPPB's Report on Master's Credentialing in Psychology

In July, 1999, the Association of State and Provincial Psychology Boards (ASPPB) published the findings of its task force on master's level credentialing. Among the issues examined by the task force were (a) disciplinary data related to individuals trained at the masters level in psychology and (b) scores on the Examination for Professional Practice in Psychology (EPPP) earned by persons with a master's degree in psychology. Because it is generally assumed that those holding doctoral degrees in psychology are "better trained" and "better practitioners," these data seem relevant to consider.

Disciplinary Issues

The protection of public consumers of psychological services is a concern to the profession and to the ASPPB, and clearly valid and reliable disciplinary data would be of interest in assessing the

quality of work provided by these practitioners. In this regard, the task force recognized that it would be useful to examine the patterns of disciplinary action taken by state boards against practitioners with master's and doctoral degrees and to compare the patterns across the two groups. On first consideration, a reasonable hypothesis would be that those with only master's training would be more frequently disciplined by boards for various infractions of professional conduct. So what did the data show? Unfortunately, comprehensive and methodologically sound disciplinary data by educational credential was not available for analysis. And as noted by the task force, "It remains to be seen whether more precise disciplinary data will contribute helpful information regarding educational requirements for licensure. Were better data available, limitations inherent to the disciplinary system would still need to be considered" (p. 7). The task force noted in particular that "…disciplinary actions may not reflect the full range of problems in practice, such as limited competence, unethical proficiency, or understanding of the professional literature, etc." (p. 8). And they went to went on to say that "…disciplinary actions probably do not reflect all of the concerns related to protecting the public (i.e., practices, knowledge, skill, effectiveness, relative efficacy, safety, or overall competence of licensees).

Although proponents for doctoral-level practitioners may suspect a lower level of competence among masters-level providers and thus a larger proportion of disciplinary actions to be taken against them, the task force also acknowledged that

(a) doctoral-level practitioners may be a greater risk for disciplinary action because in some jurisdictions they provide a greater range of services than master's practitioners—possibly with a greater range of populations and therefore possibly with a relatively higher level of risk,

(b) doctoral-level practitioners may be a greater risk for having complaints submitted against them because they are perceived as having access to more resources (i.e., "deeper pockets") in terms of their professional liability coverage and personal assets because they are identified as "doctors,"

(c) doctoral-level practitioners may be a greater risk for disciplinary action because the work of may masters-level practitioners (who generally are not eligible to engage in the independent practice of psychology) is supervised. Supervision may <u>decrease</u> the likelihood of complaints submitted against masters-level practitioners; at the same time

(d) doctoral-level practitioners may be at greater risk for disciplinary actions because they are held responsible for the behavior of supervisees (i.e., the principle of *respondeat superiore*).

(e) Further, any differences in rates of disciplinary action may be difficult to interpret due to difference in the lengths of time that individuals have been practicing, and finally

(f) differences in rates of disciplinary actions may or may not reflect clear differences in competence or skill or equivalence between masters- and doctoral-level practitioners.

The task force concluded that given the limitations in the data available, one should be very cautious in attempting to draw any conclusion regarding competence based on reports of disciplinary action.

The Examination for Professional Practice of Psychology (EPPP)

Reviewing evidence from several sources, the task force noted that although there are overlaps in the distribution of test scores between individuals with master's and doctoral degrees, there is a long record of significant differences in the performance on the EPPP between master's and doctoral examinees. Indeed, the task force was unable to locate any published accounts of relatively higher EPPP scores by samples of masters-level practitioners over groups of doctoral-level practitioners. The same pattern of differences was found when comparing masters-level candidates who had completed additional graduate training (but not the doctorate) to those with a doctorate. But although the magnitude of the difference between the two groups was much smaller than between the masters-only and doctoral groups, those in the masters-plus group were found to consistently obtain mean scores above the uniform passing scores of 70% on the EPPP.

The task force acknowledged that the relationship between an objective test such as the EPPP and clinical competence may not be fully understood—although referencing a 1989 study by Tori (1989), they noted a significant correlation between clinical performance (evaluated in terms of competence in clinical presentations with regard to [a] assessment and formulation, [b] intervention strategy, [c] professional relationship, [d] professional demeanor, [e] limits of competence, [f] self-examination, and [g] quality of writing) and objective examinations of psychological knowledge. Citing Tori's study they commented that there appears to be at least some support to the notion that the requisite scholarly knowledge of psychology is related to competent practice" ($r = .31$, $n = 14$). On the strength of this study, the task force concluded that there does appear to be some preliminary empirical support for the notion that practitioners' knowledge of psychology is a factor in their delivery of psychological services—although the precise proportion of variance in professional services (which are of primary concern with respect to protecting the public) attributable to knowledge is not known.

Training, Experience and Clinical Judgment

A number of studies and reviews have been published pertaining to the effects of training and experience on clinical judgment. In 1955, Taft published his review of the research to date on individual characteristics that were related to one's ability to judge people. Although Taft found several factors are positively correlated with the ability to judge others (intelligence, social skill, good emotional adjustment, insight into one's own emotional states)—therapist characteristics that have generally been viewed as important—he also found that training in psychology in general and clinical psychology in particular were unrelated to an increased accuracy in the ability to judge others.

Other studies have attempted to determine the extent to which clinical training and experience are related to the accuracy of clinical judgments. Goldberg (1959) compared staff psychologists, psychology trainees, and untrained secretaries on their ability to diagnose brain damage on the basis of the Bender-Gestalt Test and found that the groups did not differ in the accuracy of their judgments. Comparing the attempts of undergraduate students, psychology trainees, and clinical psychologists to classify clients on the basis of psychological test profiles, Oskamp (1962) found that although initial judgmental accuracy was moderately related to experience, the accuracy of the undergraduates could be increased to the level of the experienced clinicians following a brief training period. In a subsequent study, Oskamp (1965) found no difference between undergraduates, psychology graduate students, and psychologists in their accuracy of judgments of a case study.

In general, reviewers of the literature regarding the effect of training and experience on the accuracy of clinical judgments have found little empirical support for the claim that clinical training and experience enhance clinical judgment. Wiggins (1973) concluded that "there is little empirical evidence that justifies the granting of 'expert' status to the clinician on the basis of training, experience, or information processing ability" (p. 131). Similarly, Watts (1980) concluded that "there are many studies...suggesting that the clinical judgment of psychologists is no better than that of, say, physical scientists; and that psychologists with clinical training have no better judgment than those without" (p. 95). As noted earlier in this presentation, even the American Psychological Association (1982) found no evidence that either professional training or experience is related to professional competence.

More recent evaluations of the research (Clavelle & Turner, 1980; Faust, 1986; Faust & Ziskin, 1988; Garb, 1989, 1998) have not led to more favorable conclusions. Indeed, Faust and Ziskin concluded that "there is almost no evidence that a select group of professionals with extensive experience or special qualifications performs better than other professionals" (p. 32) and that "virtually every available study shows that amount of clinical training and experience are unrelated to judgmental accuracy" (p.32). Dawes (1994) summarized his review of the research literature with respect to experience and clinical judgment with the conclusion that "the empirical data suggest that mental health professionals' accuracy of judgment does not increase with increasing experience" (p. 106)..."there is not even a hint of evidence in the research literature that it does--just selective anecdotal evidence" (p. 109).

Education and Employment

In 1996, the APA Research Office in collaboration with the Council of Applied Master's Programs in Psychology (CAMPP) conducted an employment survey of master's, specialists and related degrees (American Psychological Association, 1996). In 1997, the APA Research Office produced a similar survey of doctoral graduates (American Psychological Association, 1997). Information on both surveys and how they were conducted is available from APA through its Research Office website (http://research.apa.org/reports.html). A comparison of results of those two surveys provides additional information relevant to the issue of the value added of doctoral education in counseling psychology. (Note: A complete comparison of these two surveys has been prepared by Corley and Yeatman [2000]. We wish to thank Dr. Yeatman for sharing the results of his analysis.)

Employment Status

With respect to employment status, of the masters-level graduates, 51% were employed fulltime, 14% we employed part-time, 27% were doctoral students, 3% were unemployed and seeking employment, 2% were unemployed and not seeking employment, and 2% were engaged in other activities. Among recent doctoral graduates, 69% were employed fulltime, 12% were employed part-time, 15% were in postdoctoral fellowships, 3% were unemployed and seeking employment, and 2% were unemployed and not seeking employment. (see Table 1)

Insert Table 1 about here

Primary Position in a Fulltime Setting

The primary employment setting for master's degree graduates with a fulltime position was in the human services area (44%), followed by school settings other than universities (30%), business/governmental/other settings (21%), and university and four-year college settings (4%). For doctoral graduates, the primary fulltime employment setting were human services (43%), university and four-year college settings (25%), business/government/other settings (21%), and other school settings (11%). (see Table 1)

Corley and Yeatman (2000) note, and we would agree, that it is not surprising to find doctoral graduates with a higher percentage of jobs in university and four-year college settings than masters-level graduates. They also note that although the proportions of master's and doctoral graduates employed in the broad category of "human services" are comparable, the employment settings within this group do differentiate masters- and doctoral-level providers.

Perceived Importance of the Academic Degree in Attaining Employment

Both master's degree and doctoral degree recipients were asked about the importance of their degree in obtaining their current position. Among the masters-level graduates, 66% indicated that their degree was essential. Another 25% believed their degree to be helpful but not essential, and the remainder (8%) thought their degree was unimportant. For doctoral graduates, half believed their degree to be essential, 29% considered it helpful, and 9% thought it to be unimportant. The remainder (12%) could not sure whether their degree was important to their gaining employment. (see Table 1)

Perceptions of the Job Market

The master's and doctoral survey respondents shared generally similar views of the job market. Among the master's graduates, 7% felt the market to be "excellent," 30% rated it as "good," 37% rated it "fair," 21% rated it "poor," and 6% rated it "bleak." Among doctoral graduates, the ratings were as follows: "excellent" – 10%; "good" – 27%, "fair" – 37%, "poor" – 21%, "bleak" – 5%. (see Table 1)

Relevance of Graduate Training to Current Primary Employment

When asked to indicate the extent to which their graduate training is related to their current primary position, 62% of master's recipients and 71% of doctorates reported their training to be closely related to their employment. Thirty-one percent (31%) of master's recipients and 24% of doctorates found their training to be at least somewhat related. (see Table 1)

Job Preference and Satisfaction

Two-thirds (66%) of the master's recipients and 68% of the doctoral graduates reported their current primary position to be their first choice—although a number acknowledged that they would have preferred a different employer. At least 70% of each group expressed satisfaction with their supervisor, co-workers, opportunities for personal development, and working conditions, although a least a third of each group expressed dissatisfaction with their salaries. The lowest satisfaction ratings were reported for opportunities for promotion (master's graduates = 42%, doctoral graduates = 52%). (see Table 1)

Salaries

The median beginning salaries for master's graduates in counseling was approximately $27,000/yr. (direct human service positions); for those with a doctorate, the median starting salary was approximately $40,000—again in the direct human service positions. (see Table 1)

Level of Cumulative Debt Related to Undergraduate and/or Graduate Education

Of the master's degree recipients, 40% reported no debt. For those who had incurred debt, 16% had debts of $5,000 or less, 19% had debts between $5,000 and $10,000, 35% had debts of $10,000 to $20,000, and 30% had debts exceeding $20,000. Of the doctoral degree recipients, 36% reported no debt. Of 64% who had incurred debt, 24% had debts of $10,000 or less, 16% had debts of $11-$20,000, 27% had debts of $21-$40,000, and 33% had educational debts of $41,000 or more. (see Table 1)

Summary

Although we would not presume to claim that the data we've "speak for themselves." Clearly, there are a number of interpretations one can place on them. But we think that they do provide interesting comparisons between master's and doctoral graduates and practitioners, and—at last as regards the clinical practitioner—provide information of relevance to the question of the value added of the doctoral degree. What does seem apparent is that within our university training programs we have evolved a rather extensive and expensive system of training and education to produce a practitioner at the doctoral level (plus 1-2 years of post-doctoral supervision plus a licensing exam) that appears to compete with what we (and other disciplines) also produce at a master's level—at least if the quality of professional practice and employment are reasonable indicators.

We think it would be very difficult to assert that most of our master's graduates can't do (most forms of) what we call "therapy." Although we want to hold dearly to the belief that doctoral-level psychologists are superior to our master's graduates in most respect, the evidence just does not seem to support such a conclusion. In general, there is no consist pattern of outcome data that demonstrates that Ph.D. psychologists are "better" than master's level—or even bachelor level therapists, for that matter. Even looking at the softer side, there appear to be no data suggesting that doctoral-level psychologists are warmer, more sensitive, or more empathic than lesser-trained folks. Perhaps even exasperating to us as doctoral faculty and to our doctoral students is the fact that even if there were, the market place does not seem to value this difference.

In closing we would like to reiterate a point we made early on in this presentation. At issue in review of the literature and in this presentation has been the "value added" (if any) of the doctorate for clinical practitioners. Although the same "value added" issues raised in the presentation, certainly can (and probably should) be asked with regard to academic/research psychology, this has not been the intended focus of our presentation. Still, it is not unreasonable to ask—although we are not aware of studies that have done so—whether training to the doctorate leads to better thinkers, researchers, scholars, theoreticians or professors.

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Table 1
Comparision of Master's and Doctoral Graduates on Various Employment Indices[1]

	MA/MS	PhD/PsyD
Primary Position in a Fulltime Setting		
Human Services	44%	43%
School Settings (not university/college)	30%	11%
University/4-year College	4%	25%
Business/Government/Other	21%	21%
Perceived Importance of the Academic Degree in Attaining Employment		
Essential	66%	50%
Helpful but not essential	25%	29%
Unimportant	8%	9%
Unsure	NA	12%
Perceptions of the Job Market		
Excellent	7%	10%
Good	30%	27%
Fair	37%	37%
Poor	21%	21%
Bleak	6%	5%
Relevance of Graduate Training to Current Primary Employment		
Closely related	62%	71%
Somewhat related	31%	24%
Job Preference and Satisfaction		
Current position was 1st choice	66%	68%
Satisfied with supervisor, co-workers, opportunities for personal development, working conditions	70%+	70%+
Satisfied with opportunities for promotion	42%	52%
Starting Salary (median)	$27,000	$40,000

Level of Education-Related Debt (MA/MS)

No debt	40%
<$5,000	16%
$5-$10,000 (<$10,000)	19%
$10-$20,000	35%
>$20,000 ($20-$40,000)	30%

Level of Education-Related Debt (PhD/PsyD)

No debt	36%
<$10,000	15%
$10-$20,000	10%
$21-$40,000	17%
$40,000)	21%